Order Adjustment Request Form

Please use this form to request an adjustment to your order for missing **purchased** items at time of delivery or pick up.
Requests must be submitted within two business days of pick up or delivery.

Contact Information		
Name of Partner Organization:		**Program Number: A**
Name:	**Phone:**	**Email:**

Items Missing					
Invoice Number: AO –	**Order Date:**		**Shipment Date:**		
Item Number	**Description**	**Total Ordered**	**Total Received**	**Fee Per LB**	**Total Cost**
		Total Adjustment Amount Requested			

I hereby certify that the information above is accurate:

_____ _____

Signature of Person Requesting Adjustment **Date**

FBW Use Only:

Adjustment Received		Adjustment Approved		Adjustment Applied	
Initial	*Date*	*Initial*	*Date*	*Initial*	*Date*

Mail or Email request within 2 business days of delivery or pickup

Food Bank of Wyoming
ATTN: HelpDesk
P.O. Box 1540
Evansville, WY 82636

OR

helpdesk@wyomingfoodbank.org